

**MUST BE RECEIVED ONE MONTH BEFORE THE FLIGHT**  
**IOWA CHRYSALIS (YOUTH WALK TO EMMAUS)**  
**REQUEST FOR RESERVATION**

**TO BE COMPLETED BY THE APPLICANT:** (Please type or print)

According to International Chrysalis out of Nashville, caterpillars must be 15 years old and/or sophomore in high school or older.

Please legibly print your contact information.

Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

T-shirt size    M       L       X       2X     3X

NAME DESIRED ON NAMETAG \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name & Denomination of Church now Attending \_\_\_\_\_

School You Attend \_\_\_\_\_

School/Religious/Community Organizations/Activities \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Pastor's Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Has the Chrysalis weekend been explained to you? \_\_\_\_\_

Has the follow-up program of group reunion and gatherings been explained to you? \_\_\_\_\_

**State briefly why you wish to participate in Chrysalis and what you expect from it.**

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Sponsor's Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Telephone** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Who will be coming to the weekend with and when do you plan to arrive?

Iowa Chrysalis Caterpillar Selection Committee has a responsibility to contact the sponsors regarding the applicant. Please enclose a pre-registration deposit of \$10.00. This deposit is not refundable unless we have no openings for you. Make checks payable to Iowa Chrysalis Community. You will be notified of your acceptance soon after it is received by the registrar. The cost of the Chrysalis weekend is \$50.00. Your \$10.00 deposit will be applied to your weekend. Please notify us immediately if you cannot come. I realize that this is a Christ centered weekend. I agree to abide by the rules set by the Chrysalis Board and will not use drugs, alcohol or tobacco, in accordance with Iowa law.

**Your signature** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

**To be completed by the applicant's parents/guardian or by the applicant if 18 or older:**

\_\_\_\_\_ has my/our permission to attend the Chrysalis weekend. In the event of an emergency and if we cannot be reached by telephone, the Chrysalis leadership has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for \_\_\_\_\_'s well being.

**Signature of Parent/Guardian/Adult** \_\_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_\_

**If above cannot be reached, please call** \_\_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_\_

The Flight will have a designated medical personnel. Please list any medical allergies, medication being taken, medical problems, special diet or other pertinent information. Please include if you are a snorer. Separate sleeping accommodations will be provided.

\_\_\_\_\_  
\_\_\_\_\_

\*\*You must be sponsored by someone who has been through Chrysalis or Walk to Emmaus. If you do not have a Sponsor, we will try to get one for you.

**Please return application to:**

**Faye Harvey  
1112 Aldrich Avenue  
Boone, Iowa 50036**